

PROMOTING APPROPRIATE USE OF CANCER SCREENING IN OLDER ADULTS:

Influence of a Decision Aid on Patient-Provider Colorectal Cancer Screening Discussions

Saffar D, MPH; Forman JH, ScD; Myers AD, BS; Lewis CL, MD; Hawley ST, PhD; Zikmund-Fisher BJ, PhD; Vijan S, MD; Kerr EA, MD, MPH; Saini SD, MD, MS



BACKGROUND

- Data suggests that discussions about cancer screening are brief and often emphasize benefits over harms
- We sought to assess the effect of a personalized colorectal cancer (CRC) screening decision aid on these discussions

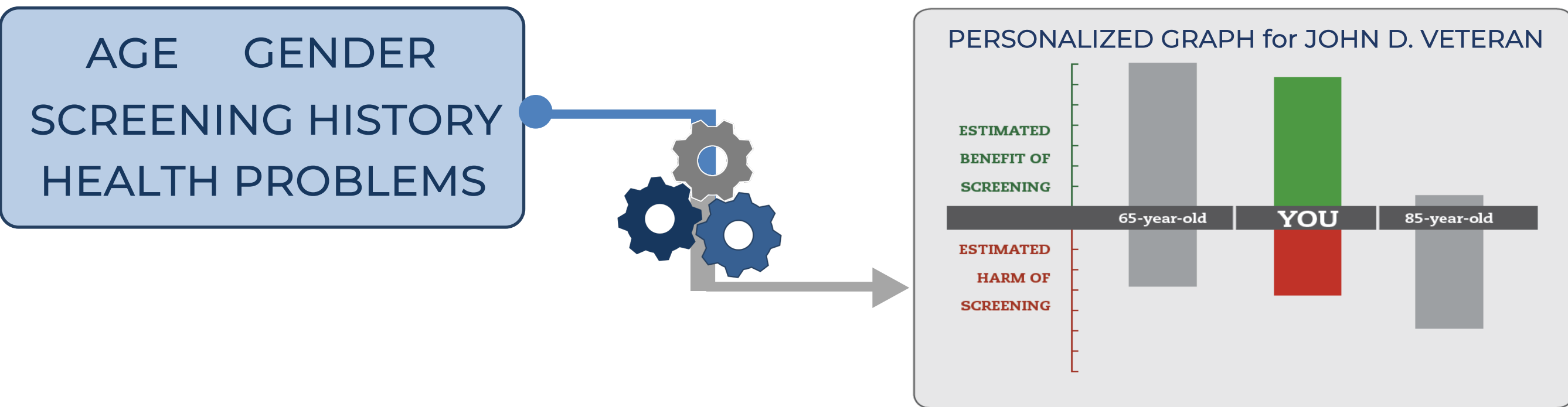
METHODS

- Subjects: Veterans aged 70-75, due for average-risk CRC screening, with an upcoming primary care visit participating in a randomized controlled trial (RCT) [NCT02027545]
- Intervention group received a Decision Aid prior to their visit.*
- A subset of subjects hand-carried an audio-recorder into their visit.
- Outcomes: (1) time spent discussing CRC screening; (2) elements of informed decision-making (IDM)

*The control group received a generic booklet encouraging them to discuss screening with their PCP.

INTERVENTION

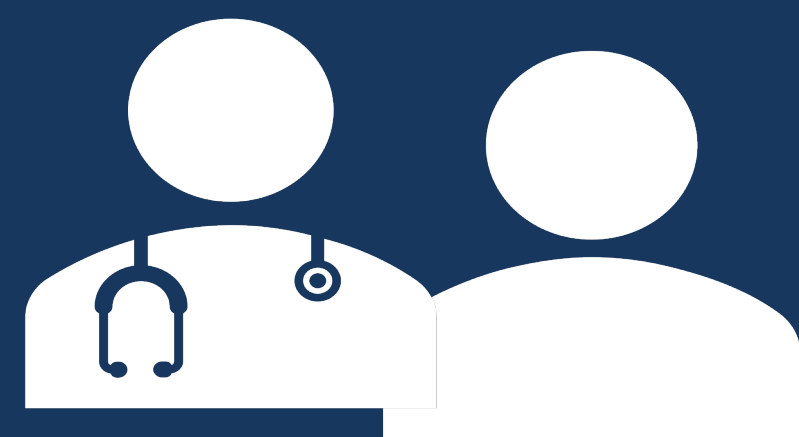
The Decision Aid described how CRC screening may change over the **lifespan**, and included a personalized graph estimating the benefits and HARMS of screening based on the Veteran's age, gender, prior screening hx; and overall health.



PARTICIPANTS

53	35	INTERVENTION
18		CONTROL
Average age- 71.6 years		
85.7% White, 6.2% Black, 8.2% Other		
98.3% male		

A PERSONALIZED DECISION AID ENCOURAGES A BALANCED DISCUSSION ABOUT COLORECTAL CANCER SCREENING



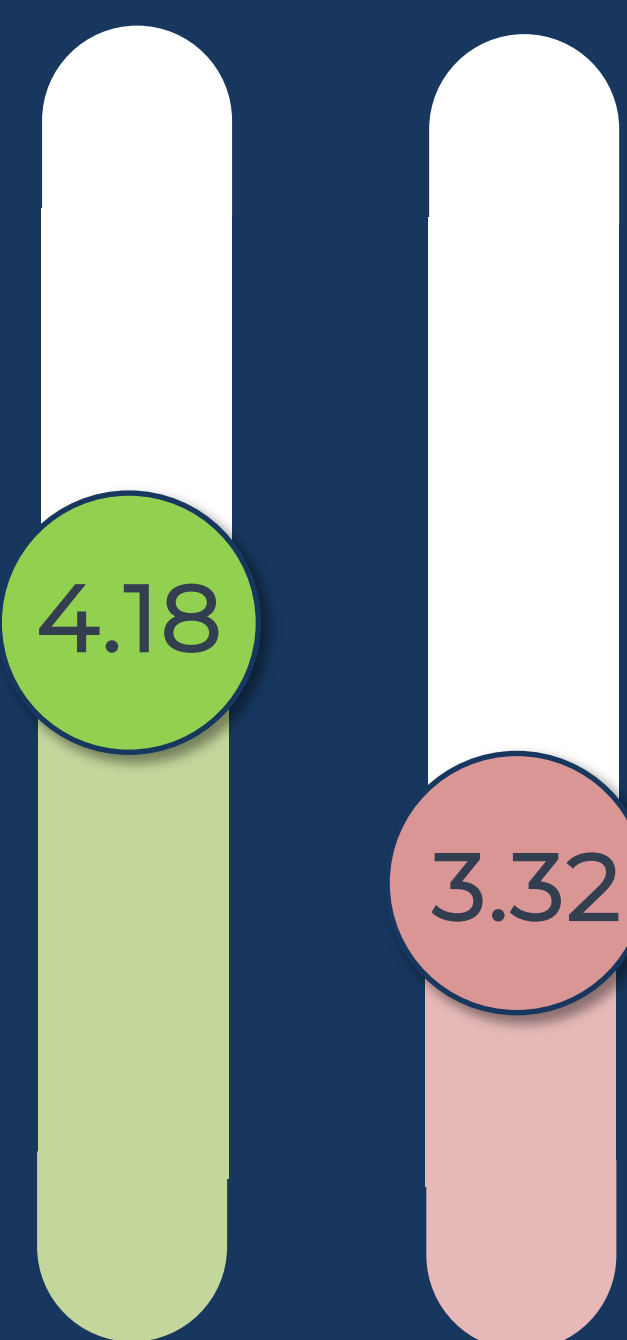
INDIVIDUAL DECISION MAKING ELEMENTS ASSESSED

	Did the provider...
PROS OF SCREENING	Discuss the pros of screening as a whole?
CONS OF SCREENING	Discuss the cons of screening as a whole or the downsides of specific screening options?
UNCERTAINTIES	Discuss the uncertainties of the screening decision, including potential benefits/harms?
PATIENT ROLE	Mention or acknowledge the patient's role in the decision whether to screen?
PATIENT UNDERSTANDING	Assess the patient's understanding?
SCREENING ALTERNATIVES	Discuss more than one screening option, including no screening or stopping screening?
SCREENING PREFERENCE	Inquire whether the patient wants to screen and/or which option is preferred?

Decision Aid subjects spent significantly more time discussing CRC screening than Controls (p<0.00001)



Decision Aid subjects' discussions had more total IDM elements on average (p=0.07)



IDM ELEMENTS WERE MORE COMMON IN THE INTERVENTION ARM THAN IN THE CONTROL ARM.

	PERCENT OF DISCUSSIONS HAVING IDM ELEMENTS	
	DECISION AID	CONTROL
PROS OF SCREENING	12%	5%
CONS OF SCREENING	61%	33%
UNCERTAINTIES OF SCREENING	33%	20%
PATIENT ROLE	30%	15%
PATIENT UNDERSTANDING	18%	0%
SCREENING ALTERNATIVES	84%	75%
SCREENING PREFERENCE	75%	80%

Discussion of the Cons of screening was significantly more common in the Decision Aid arm. (p=0.04)

Confirmation of **patient understanding** was low in both groups, though PCPs in the Decision Aid arm were more likely to assess understanding. (p=0.07)

CONCLUSION & IMPACT

A Decision Aid with personalized information encouraged more balanced discussions of screening

However, it also modestly increased the amount of time spent discussing screening (> 2 min)



Decisions about screening cessation in older adults can be challenging

Decision Aids have the potential to enhance discussions and encourage IDM in such patients